

Application Data Sheet

Application Information

Application number::
Filing Date:: 01/14/04
Application Type:: Regular
Subject Matter:: Utility
Title:: PLATFORM LINK WRIST MECHANISM
Attorney Docket Number:: 017516-009410US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure:: 4
Total Drawing Sheets:: 24
Small Entity?:: Yes
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: DANIEL
Middle Name:: T.
Family Name:: WALLACE
City of Residence:: Redwood City
State or Province of Residence:: CA
Street of Mailing Address:: 621 Glenloch Way
City of Mailing Address:: Redwood City
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94062

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: S. CHRISTOPHER
Family Name:: ANDERSON
City of Residence:: Northampton
State or Province of Residence:: MA
Street of Mailing Address:: 371 Prospect Street
City of Mailing Address:: Northampton
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 01060

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: SCOTT
Family Name:: MANZO
City of Residence:: Shelton
State or Province of Residence:: CT
Street of Mailing Address:: 272 E. Village Road
City of Mailing Address:: Shelton
State or Province of mailing address:: CT
Postal or Zip Code of mailing address:: 06484

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	10/186,176	06/28/02
10/186,176	Non-Provisional of	60/301,967	06/29/01
10/186,176	Non-Provisional of	60/327,702	10/05/01

Assignee Information

Assignee Name:: INTUITIVE SURGICAL, INC.
Street of mailing address:: 950 Kifer Road
City of mailing address:: Sunnyvale
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94086